



**City of Sultan  
Public Records  
Form No. 1**

Public Record Inspection and Copy  
Requests and Receipt

Date: 12-19-02  
Time: \_\_\_\_\_

Request

1. Name of person making request: Loretta Storm / Ray Kistenmacher
2. Mailing Address: 33520 - 116th Street SE, Sultan  
Phone Number: 360-793-6683
3. Description of record requested: \_\_\_\_\_  
CITY STAFF REPORT ~~CR~~ CAPITAL  
FACILITIES ANALYSIS FOR  
MORRIS ANNEXATION  
\_\_\_\_\_  
\_\_\_\_\_

4. Does record request contain a list of individuals?  
 Yes       No

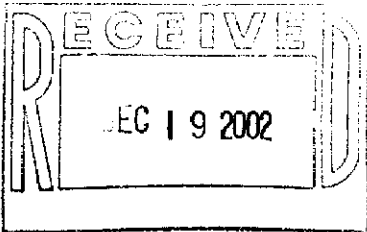
If answer to question number four (4) is yes, affidavit Form No. 2 must be completed by person making request before any records can be copied or released. Attach copy of affidavit to this form.

Signature: \_\_\_\_\_

For office use only

COPY ORDER AND RECEIPT

5. Number of copies of each page \_\_\_\_\_
6. Number of pages to be copied \_\_\_\_\_
7. (Multiply line 5 and 6) Total copies \_\_\_\_\_
8. Price per copy \_\_\_\_\_
9. (Multiply line 7 and 8) Total Fee \_\_\_\_\_
10. City Clerk or Designee: \_\_\_\_\_



NO REPORT COMPLETED